

Housing and Essential Needs Grant

Certification of Potential Eviction from Friend/Family

HEN Applicant Client Name:	
Complete mailing address where applicant client is staying:	
Friend/Family Name:	
Rent amount paid to Friend/Family by Applicant Client:	
How long has the Applicant Client been living with Friend/Family:	
Does Friend/Family rent/lease or own the location the Applicant Client has been living?	<input type="checkbox"/> Rent /Lease <input type="checkbox"/> Own

Certification by Applicant Client:

I confirm I am paying my friend/family \$_____ each week / month as rent.
(circle one)

HEN Applicant Client Signature/date

Certification by Friend/Family:

I _____ in order to prevent homelessness of _____, am accepting payment of
(HEN applicant client name)

\$_____. I certify under penalty of perjury that I am providing emergency housing services and am not in the business of rental real-estate. I will evict _____ within 30 days if the
(HEN applicant client name)
payment is not paid to me.

Friend/Family Signature/date